

Nebraska Department of Health and Human Services

The mission of the Nebraska Department of Health and Human Services (DHHS) is "We help people live better lives." One goal of the Nebraska Department of Health and Human Services is for individuals to be served in the most integrated and least restrictive setting that meets their needs. This goal is consistent in all DHHS services across the spectrum, whether individuals are behavioral health consumers, individuals with developmental disabilities or physical disabilities, the elderly or people with other limiting conditions. Everyone deserves to excel to the greatest extent of their abilities.

The Future for Individuals with Developmental Disabilities in Nebraska

The vision of developmental disability services in Nebraska is to meet the needs of individuals in the most integrated and least restrictive setting. Community-based providers that both provide residential or support services that allow individuals to remain at home or live independently, along with the services provided at the Beatrice State Developmental Center, are all part of the array of services. As higher standards of care and services are developed through new technology or research and/or required by the Centers for Medicaid and Medicare Services, Nebraska must strive to provide quality services for our citizens with developmental disabilities.

Beatrice State Developmental Center (BSDC)

The Beatrice State Developmental Center is part of the array of services for individuals with developmental disabilities. BSDC must meet the spectrum of needs while providing for the supports that allow for each resident to reach their potential for independence.

It is very likely that an administrative law judge will confirm CMS's decision to decertify BSDC in early summer. That will mean a loss of approximately \$25 million of federal funding on an annual basis for services provided to residents at BSDC. The federal match will continue to be available for individuals who are served by community-based services.

Independent consultant Joseph Toy has indicated that it may take up to two years to certify BSDC. The goal is to certify BSDC by June 30, 2011 or sooner.

In order to gain CMS certification, BSDC will need new leadership and a culture change from top management to front line workers. The Division of Developmental Disabilities is currently conducting a nationwide search for a new CEO. That search may take 3 - 6 months. In the past, BSDC has been a leader in progressive services for the residents. By enhancing active treatment and other innovative models of care BSDC can regain that status.

In order to determine the future size of BSDC, an individual assessment of each person with a developmental disability is being conducted by Theodore Kastner with Developmental Disabilities Health Alliance, Inc. to determine appropriate needs and proper placement level for each resident. Staff of the Money Follows the Person grant will be assisting individuals who want to move into community-based settings to find appropriate placements and line up supports that the individuals need to successfully transition to the community. This grant provides for an enhanced Medicaid match for one year.

The best estimate today is that 90-120 residents will require the specialized services currently provided at BSDC. It will also be necessary for the Division of Developmental Disabilities to increase capacity in its Intensive Treatment Services and Outpatient Treatment Intensive Services (ITS/OTIS) programs from its current 8 person capacity to at least 25, in order to provide temporary services to individuals with developmental disabilities being served in the community who suffer an exacerbation of their physical and/or behavioral needs.

In February, Claire E. Mahon was appointed as interim BSDC CEO. Her previous work experience included serving on special assignment as CEO of Woodbine Developmental Center in New Jersey for 15 months. During this time, she administered the decertified state ICF/DD facility serving 700 residents and employing 1,400 staff while it regained certification and restored program quality.

Assisting her in leading and supporting the existing management team at BSDC are a former joint commission surveyor with experience in a broad range of health care settings, an individual with extensive experience as a regulatory remediation specialist, a MD expert in remediation relating to the Department of Justice (DOJ) and CMS actions, and a legal counsel with experience as a chief executive in an Illinois state operated facility serving as a liaison to the interim management team.

Additionally, BSDC has expanded its medical staff. Two speech pathologists are scheduled to begin work in mid April. Four doctors have been added to the professional staff. One licensed physician and one neurologist have accepted permanent employment at BSDC. The licensed physician will also serve as the interim medical director. Two other doctors are working as contractors. In addition to these individuals BSDC has hired 37 new employees, including 24 developmental technicians II and 4 licensed practical nurses, since the first of the year.

Expanded Community-Based Service

The Division of Developmental Disabilities is working with providers to expand placement options to meet the specific needs of clients. Mosaic has agreed to expand its capacity by 66 by opening six six-bed Intermediate Care Facilities for the Mentally Retarded (ICF-MR) and five six-bed Centers for Developmental Disabilities (CDD) in the next 30 months. Four of these facilities will be operational by April of 2010. All eleven facilities will be operational by October of 2011.

Each facility will provide a minimum of 8 hours of medical support services, with some having 24 hour nursing staff. Services will be developed in the Omaha metro area, York, Grand Island, and Columbus/Norfolk.

The Division of Developmental Disabilities has asked ENCOR to expand its capacity by six by opening an additional Medical Service Unit in the Omaha metro area. Contract negotiations for this unit should be completed within a month.

In order to support increased community-based services, in addition to expansion of the ITS/OTIS programs, the Division of Developmental Disabilities will be implementing a statewide uniform training program for providers who serve

individuals with developmental disabilities. It will coordinate with the Department of Justice and the provider community to facilitate this program.

It is anticipated that the costs for expanded community-based services for this population will be higher than costs for existing capacity, due to the specialized medical and behavioral supports required. Individuals with higher medical needs at ENCOR, for example, cost twice as much per person as the individuals without higher medical needs (\$400/day versus \$200/day). Initial costs may be high, due to upfront construction, training, and oversight needs related to the expansion of community services. The Division is, however, coordinating with the Centers for Medicare and Medicaid (CMS) to utilize available funding mechanisms, such as the Money Follows the Person program, to supplement initial community expansion costs. It is anticipated that the overall costs should not exceed the current costs for serving this population at BSDC (which currently exceeds \$600 per day). Serving individuals in the community will also enable the state to access federal matching funds.

The Department of Justice has articulated a need for a thorough transition process for individuals entering community-based services from BSDC. A transition committee was formed in December of 2008, and that committee continues to work with the Independent Expert, John McGee, to finalize an acceptable transition process. The Division has met with CMS representatives to obtain further transition technical assistance. The Division of Developmental Disabilities communicated the transition process changes to the provider community at a statewide meeting on March 12, 2009. The Division of Developmental Disabilities will continue to work with CMS, the Department of Justice, the Health and Human Services Committee, the Developmental Disabilities Special Investigative Committee, interested Senators, community-based providers, advocates, and the Independent Expert, John McGee, to assist in transitions and expanding community-based services support to ensure successful integration of BSDC clients into the community.

Medically Fragile

Forty-seven people with developmental disabilities deemed “medically fragile” have been removed from BSDC. As of April 2, twenty-three are currently at the following hospitals:

Bryan/LGH – 9 (1 passed away)
St. Elizabeth – 2 (1 passed away)
Alegent - 2
Creighton Medical Center - 6
UNMC - 3
Beatrice Community Hospital – 1

Eleven individuals have been placed in community-based services and one individual has returned to BSDC. Five individuals have been placed permanently in a nursing home facility. Four individuals have been placed in temporary skilled nursing facilities and one individual has been placed in a temporary DD facility.

Through direct contact with providers, the Division of Developmental Disabilities has determined that over 50 residential vacancies currently exist with community-based service providers. The Division of Developmental Disabilities Service Coordinators are working with community providers to place the remaining twenty-three individuals currently at a hospital. Many of these individuals have complex medical needs and the DD Service Coordinators are working to ensure appropriate supports are in place for their care and safety. Consideration is also being given to the desired location agreed upon by the individual and their family/guardian. The Division of Developmental Disabilities has committed to funding necessary alterations to existing vacancies to accommodate individual needs, such as wheelchair accessibility. If current residential vacancies are not located for each of these individuals, then they may be placed temporarily in skilled nursing facilities while appropriate community-based services are being developed.

A Family Transition Coordinator, Joyce Werner, has been designated in the Division of Developmental Disabilities Community-Based Services. In addition to the services provided by their assigned service coordinator, the guardians of the removed individuals have regular contact with the Family Transition Coordinator. Joyce Werner has many years experience as a systems advocate for individuals

with disabilities, and she will continue to assist families and guardians through the transition process.

Danielle Okumu has been serving as a coordinator for community-based providers. She assists the Division by maintaining a matrix of vacancies in community-based programs. While service coordinators still use a statewide referral network, this matrix allows them to more quickly and effectively identify available and appropriate service providers. After an appropriate placement has been identified, the service coordinators work with guardians, the provider, and BSDC, to develop and implement the transition plan for the client. After the transition, the service coordinators continue to follow-up with the client to ensure that appropriate supports are in place and their needs are being met in the community.

The Future

The future for individuals with developmentally disabilities in Nebraska will be a significantly expanded community provider base of services and a significantly improved and certified BSDC. Nebraska will provide care and habilitation for individuals with developmental disabilities in the most integrated setting possible. The array of services will be a dynamic and flexible system of supports that allow all individuals with developmental disabilities to live meaningful and productive lives that focus on their abilities.

Timeline

February 2009

New BSDC interim CEO, Clare Mahon, arrived to continue the implementation of the DOJ settlement and CMS recommendations (National CEO search began January 22, 2009).

Authorization of temporary professional and clinical staff to ensure ongoing client safety and care pending recruitment of permanent staff

Ongoing recruitment of professional staff at BSDC.

Money Follows the Person technical assistance team toured BSDC to provide feedback and recommendations on transitioning residents that can be appropriately served in the community.

The Division of Public Health has posted an advertisement for an additional 4 surveyor positions to facilitate their prompt hire (pending appropriations 2009)

March 2009

Execution of agreement with Mosaic for capacity expansion

Enhancement of BSDC Culture Change Program

Statewide provider meeting to discuss enhanced transition planning and statewide uniform training program for DD providers

April 2009

Execution of agreement with ENCOR for capacity expansion

May 2009

Completion of Independent Objective Assessments and Transition Plans for all BSDC Clients

June 2009

Governor's \$17 million budget proposal to go into effect (\$7 million 2009, \$5 million 2010, and \$5 million 2011- Pending appropriations 2009)

Division of Public Health creates an additional 4 surveyor positions (Total 8) (Pending appropriations 2009)

Summer 2009	Decision by the U.S. Department of Health and Human Services Departmental Appeals Board expected
	New CEO appointed
	Begin expansion of ITS/OTIS programs
	ENCOR adds six bed facility
Winter 2009	Assessment of BSDC progress and community provider capacity
	Assessment of statewide uniform training program
Spring 2010	Four Mosaic facilities become operational
Summer 2010	Continuous assessment of BSDC progress and community provider capacity
	Continuous assessment of statewide uniform training program
December 2010	Initial CMS recertification survey request submitted
Spring - Summer 2011	Continuous assessment of BSDC progress and community provider capacity
	Continuous assessment of statewide uniform training program
June 30, 2011	BSDC federally-certified as a 90 – 120 bed ICF/MR facility
July 2011	Division of Public Health creates 4 additional surveyor positions (Total 12) (Pending appropriations 2009)
October 2011	All eleven Mosaic facilities are operational